## GOVERNMENT OF THE DISTRICT OF COLUMBIA Office of the Attorney General

Public Safety Division Neighborhood & Victim Services Section Victim Witness Assistance Unit



## **Victim Impact Statement**

Name:
Relationship to Victim:
(*Please attach extra paper if you need additional space)
Physical injuries suffered as a result of the crime (description of treatment sought or received; cost and any ongoing treatment; include medical, dental, and psychological if appropriate):
Non-physical trauma suffered as a result of the crime (shock, fear, grief, distress, embarrassment, etc.):

Financial loss as a result of the crime (any repairs to or replacement of property, medical
expenses, counseling fees, lost income, ongoing costs):
expenses, counseling fees, lost income, origining costs).
Any other relevant information:
To the best of my knowledge, this statement is true.
<b>,</b>
Signature:
5151lata10.
Data
Date: